



Connecticut Medical Assistance Program
Policy Transmittal 2024-04

Provider Bulletin 2024-16
March 2024

Andrea Barton-Reeves, J.D., Commissioner

Effective Date: April 1, 2024
Contact: See Below

TO: Children's Mental Health Urgent Crisis Centers

**RE: Implementation of Children's Mental Health Urgent Crisis Centers
Services for Children 18 Years Old and Younger**

Effective April 1, 2024, DSS will enroll and pay certified providers to deliver children's mental health urgent crisis services.

Provider Enrollment/Certification:

Only those providers who are licensed by the Department of Children and Families (DCF) as an Outpatient Psychiatric Clinic for Children and who are certified by DCF to deliver children's mental health urgent crisis services are eligible to enroll and submit claims to DSS for these services.

Upon receiving DCF certification, the provider must enter the appropriate certification to the provider's secure Web Portal Demographic Maintenance panel and upload their DCF certification to their provider enrollment agreement to the provider's secure Web Portal Provider Document Upload panel.

Providers are required to get an updated certification letter from DCF upon their re-enrollment.

To maintain enrollment in the Connecticut Medical Assistance Program (CMAP), a provider shall abide by all federal and state statutes, regulations and operational procedures promulgated by the department, which govern CMAP and be currently certified and enrolled in the Medicare program if required by any federal or state statutes or regulations which govern the Medical Assistance Program goods or services furnished by a provider under the

provider's assigned type and specialty. For additional information on general provider requirements please refer to the www.ctdssmap.com Web site, under information, publications, Provider Manual Chapter 2 "Provider Participation policy".

Service Billing Codes/Provider Fee Schedule:

The following procedure/billing codes will be used for the children's mental health urgent crisis centers:

- 96127 – Brief emotional assessment
- T1001 – Nurse assessment
- T1002 – Subsequent Nurse assessment every 15 mins
- 90791 – Psychiatric Diagnostic Evaluation
- 90792 - Psychiatric Diagnostic Evaluation with Medical Services
- 90839 – Psychiatric Crisis Initial 1st hour
- 90840 - Psychiatric Crisis each additional 30 minutes
- H2011 - Crisis intervention service, per 15 minutes

Prior Authorization:

There is no change to existing prior authorization (PA) requirements. Any service requiring PA must be obtained from the respective Administrative Services Organization (ASO) responsible for the broad category of services requested (medical, behavioral health, or dental).

Provider Documentation Requirements:**Date Issued:** March 2024

Providers must document all billable services appropriate to the billing code definition. Billing codes that are per hour or per minute must include the start and stop time of the service.

Claim Submission

Claims submitted from DCF certified service location that is enrolled as a CMAP provider will be reimbursed for in-person or services performed via telehealth when billing identified billing/procedure codes listed above.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Accessing the Fee Schedule

The fee schedules can be accessed and downloaded by accessing the CMAP Web site: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download". Next click on the "I accept" button and proceed to click on the Clinic - Clinic and Outpatient Hospital Behavioral Health fee schedule, then select "Open file".

For questions regarding this bulletin please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Distribution

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Responsible Unit:

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